

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-30-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was Assigned and should be entered above.

(Please type or print)

Submitted by: Abdul-ghani Chatila

Telephone: (843) 230-9433

Address: 917 Cardinal Cir

Fax: —

Florence, SC
29505

Other: (843) 413-0985

Email: ahozfma@att.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - TAXI

DATE 01 / 12 , 20 09

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY
FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship with or without trade name.)

Abdul-ghani Chatila

2. (a) Street Address of Applicant

917 Cardinal Cir

Florence SC 29505

- (b) Mailing address, if different from street address

Same

- (c) Telephone Number

(843) 230-9433

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: Jan Year: 2009

Assets:	
Cash	1000.00
Receivables	0
Real Estate	400,000.00
Buildings and Equipment-Net	0
Motor Vehicles-Net	7,000.00
Garage Equipment-Net	0
Machinery and Tools-Net	0
Supplies on Hand	0
Prepays and Other Assets	0
Total Assets	408,000.00
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0
Mortgages Payable	174,000.00
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	174,000.00
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity	174,000.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA, }

COUNTY OF Florence }

I, Abdul-ghani Chatila, owner

(Name of Applicant's Representative)

(Title)

of Taxi Service, the Applicant for the Certificate of Public (Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

This the 13 day of January 2009

[Signature]
(Notary Public)

(Signature of Applicant's Representative)

Commission Expires: 10/19/2014

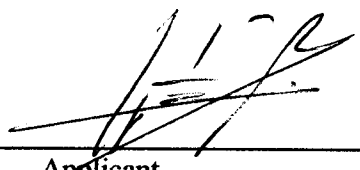
RECEIVED
JAN 14 2009
PSC SC
DOCKETING DEPT.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Abdul-ghani Chatila

For the transportation of passengers as follows:

Area to be served: (Florence County)Number of passengers: 5Fares: 4 \$ to 8 \$Date 1-12-2009
ApplicantOwner
Title

INSURANCE QUOTE

The following insurance quote is for:

Abdulghani Chatila
(Name of Motor Carrier)

917 Cardinal Cir, Florence, SC 29505
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 25/50/25

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

Southern Cross
(Insurance Company Name)

P.O. Box 2576 Sumter SC 29151
(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

1/12/09 Kemberly W. Head
Date (Authorized Insurance Company Representative)